

FORM

**Application for Certification in Aesthetic Procedures  
Injectable Fillers**

**Privacy and Security**

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the “College”) under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information.

**IMPORTANT:** *The College reviews applications in the order in which they are received. Application fees are processed prior to review. You will be notified as to whether your application was successful.*

APPLICANT INFORMATION		
Given name(s):	Registration (Licence) Number:	
Surname:	<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border-bottom: 1px solid black; width: 20px; margin: 0 5px;">0</span> <span style="border-bottom: 1px solid black; width: 20px; margin: 0 5px;">0</span> <span style="border-bottom: 1px solid black; width: 20px; margin: 0 5px;">_</span> <span style="border-bottom: 1px solid black; width: 20px; margin: 0 5px;">_</span> <span style="border-bottom: 1px solid black; width: 20px; margin: 0 5px;">_</span> </div>	
Class of Registration: <input type="checkbox"/> Full (Practising) <input type="checkbox"/> Temporary <input type="checkbox"/> Non-Practising <input type="checkbox"/> Former		
Primary Place of Practice Address:		
City:	Prov./Terr.:	Postal Code:
Telephone:	Fax:	Email:

**List any addresses where the Applicant carries on the business of providing the services of naturopathic medicine. If additional space is required, please attach a separate page to this application. (To report a new practice location or update location information, please download a “Places of Practice Information Form” from the College website and attach it to this application.)**

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**College of Naturopathic Physicians of British Columbia**

**APPLICANT ATTESTATION (required):**

I, \_\_\_\_\_, declare that:

*Name of Applicant*

I am a full (practising) registrant of the College under section 46 of the Bylaws.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hold a valid College certification in <i>Prescriptive Authority</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed a course in NCLS or ACLS within the past two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I attach a copy of my NCLS or ACLS course completion certificate, or the College has a copy on file.	<input type="checkbox"/> Attached <input type="checkbox"/> On file
I have completed a course or courses in satisfaction of the requirements for certification in <i>Aesthetic Procedures – Injectable Fillers</i> , and attach a copy of the corresponding course completion certificate(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that the information contained in this application is true, complete, and accurate to the best of my knowledge.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date Applied (yyyy/mm/dd)*

FOR OFFICE USE ONLY		
<input type="checkbox"/>	Full Registrant	
<input type="checkbox"/>	Rx Authority	date _____
<input type="checkbox"/>	ACLS / NCLS	date _____
<input type="checkbox"/>	Evidence of Course completion	date _____
_____	<i>Signature</i>	
_____	<i>Date (yyyy/mm/dd)</i>	

**APPLICATION CHECKLIST – In support of this application, please attach the following:**

- Evidence of successful completion of a course or courses in satisfaction of the requirements for certification in *Aesthetic Procedures – Injectable Fillers*.
- Certificate of course completion for a course in Naturopathic Cardiac Life Support (NCLS) or Advanced Cardiac Life Support (ACLS) from within the past two years.
  - <- *Please indicate here if the College already has these records on file.*
- Certification application fee of \$150.00, payable to the ***‘College of Naturopathic Physicians of British Columbia’*** (see below re: PAYMENT).

PAYMENT
<p><b>Once your application has been received you will be notified by email that an invoice has been posted in the Invoices &amp; Receipts area of the Registrant Online Self-Service (ROSS) system.</b></p>

**INFORMATION FOR SUBMITTING YOUR APPLICATION**

Sign and return form to the College of Naturopathic Physicians of British Columbia.

By mail: 840-605 Robson Street, Vancouver BC V6B 5J3

By fax: (604) 688-8476

By email: [admin@cnpbc.bc.ca](mailto:admin@cnpbc.bc.ca)

***If you have any questions regarding this process,  
please feel welcome to contact the College and staff will be pleased to assist you.***

Phone: (604) 688-8236